

State: District of Columbia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity
Product Name: Hospital Income Rate Quote
Project Name/Number: Hospital Income Rate Quote/IH-HIDCGI.1 et al

Filing at a Glance

Company: State Farm Mutual Automobile Insurance Company
Product Name: Hospital Income Rate Quote
State: District of Columbia
TOI: H14I Individual Health - Hospital Indemnity
Sub-TOI: H14I.000 Health - Hospital Indemnity
Filing Type: Rate
Date Submitted: 10/15/2013
SERFF Tr Num: SFCM-129250080
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: IH-HIDCGI.1 ET AL

Implementation: 01/01/2014
Date Requested:
Author(s): Sandy Barnes, Jennifer Soucek, Steve Crum, Sherry Boitnott, Cindy Freed, Maureen Macak
Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

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General Information

Project Name: Hospital Income Rate Quote
Project Number: IH-HIDCGI.1 et al
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Cindy Freed

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: We are not required to file marketing pieces for Hospital Income products in Illinois.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 10/24/2013
State Status Changed:
Created By: Cindy Freed
Corresponding Filing Tracking Number:

Filing Description:

Re: State Farm Mutual Automobile Insurance Company
NAIC #176-25178
FEIN #37-0533100
Hospital Income Rate Quote
Co Tracking #: IH-HIDCGI.1 et al

Form # Form Name
IH-HIDCGI.1 Hospital Income- Your Information
IH-HIDCCI.1 Hospital Income- Coverage Information
IH-HIDCRQ Hospital Income-Your Quote

Enclosed for filing on behalf of State Farm Mutual Automobile Insurance Company of Bloomington, Illinois are the referenced advertising forms. These forms are being filed for use in your state and contain information regarding Hospital Income Coverage (Supplemental Medical).

IH-HIDCPS.1, Health Rate Quote - Policy Information, which was approved by your department on April 8, 2011 under SERFF Tracking # SFCM-127092481, is the first page of the flow in which the above pages are included.

These forms will be used with policy series 97024 ZDC1, approved September 12, 2013 under SERFF # STFH-129069997.

The format and colors that are on the internet pages are variable and may change from year to year.

We are not required to file marketing pieces for Hospital Income products in Illinois.

The effective date of these materials will be January 1, 2014 or as soon as possible thereafter.

Company and Contact

Filing Contact Information

Cindy Freed, Tech - Contracts & Compliance cindy.freed.h8a4@statefarm.com

State: District of Columbia **Filing Company:** State Farm Mutual Automobile Insurance Company
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One State Farm Plaza 309-763-3819 [Phone]
Bloomington, IL 61710-0001 309-766-8483 [FAX]

Filing Company Information

State Farm Mutual Automobile Insurance Company	CoCode: 25178	State of Domicile: Illinois
One State Farm Plaza	Group Code: 176	Company Type:
Laura Walters / Marketing D-3	Group Name:	State ID Number:
Bloomington, IL 61710	FEIN Number: 37-0533100	
(309) 763-8104 ext. [Phone]		

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

SERFF Tracking #:

SFCM-129250080

State Tracking #:

Company Tracking #:

IH-HIDCGI.1 ET AL

State: District of Columbia

Filing Company:

State Farm Mutual Automobile Insurance Company

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Form Schedule

Lead Form Number: IH-HIDCGI.1 et al

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Hospital Income- Your Information	IH-HIDCGI.1	ADV	Initial			IH_HIDCGI.1_DC_HRQ_GeneralInfo.pdf
2		Hospital Income-Coverage Information	IH-HIDCCI.1	ADV	Initial			IH_HIDCCI.1_DC_HRQ_CoverageInfo.pdf
3		Hospital Income-Your Quote	IH-HIDCRQ	ADV	Initial			IH_HIDCRQ_DC_HRQ_QuoteInfo.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



Hospital Income - Your Information

To get the most accurate rate quote, please answer all the questions completely. If a rate quote is desired for a spouse and/or children, please answer Yes to "Would you like to quote your spouse and children".

Gender	<input type="radio"/> Male <input type="radio"/> Female
Date of birth	<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
State	DC
Would you like to quote your spouse and children?	<input type="radio"/> Yes <input type="radio"/> No

Spouse includes: Lawfully married individuals, or partners to a legally recognized domestic partnership or civil union. The purpose of this marketing material is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company. This policy provides fixed, limited supplemental benefits and does not cover medical expenses. The coverage provided by the policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and therefore does not satisfy the requirement for Minimum Essential Coverage under the Federal Patient Protection and Affordable Care Act. If you currently have a health spending arrangement such as a Health Savings Account (HSA), or if you plan to open one in the future, please consult your tax advisor about the features offered in this supplemental medical policy, and the possible tax implications of combining these plans.

[< Previous](#)[Continue >](#)

NAIC# 25178
IH-HIDCGI.1

Find an Agent



Choose a State Farm Agent to be your contact person for this quote. They're ready with trusted, professional insurance advice.

[Choose Your Agent](#)[Send your quote to an agent >](#)



Hospital Income - Coverage Information

To get the most accurate rate quote, please answer all the questions completely.

Daily amount to be paid (**Daily Benefit**)

\$250

Spouse includes: Lawfully married individuals, or partners to a legally recognized domestic partnership or civil union. The purpose of this marketing material is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

This policy provides fixed, limited supplemental benefits and does not cover medical expenses. The coverage provided by the policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and therefore does not satisfy the requirement for Minimum Essential Coverage under the Federal Patient Protection and Affordable Care Act.

If you currently have a health spending arrangement such as a Health Savings Account (HSA), or if you plan to open one in the future, please consult your tax advisor about the features offered in this supplemental medical policy, and the possible tax implications of combining these plans.

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[Continue](#)

NAIC# 25178
IH-HIDCC1.1

Find an Agent



Choose a State Farm Agent to be your contact person for this quote. They're ready with trusted, professional insurance advice.

[Choose Your Agent](#)

[Send your quote to an agent](#)



Health Rate Quote

[FAQ](#) [Cancel Quote](#)

Hospital Income - Your Quote

Policy Form 97024 Series

Thank you for your interest in State Farm Hospital Income Insurance. This is a no obligation rate quote. There are factors that may affect your eligibility for Health Insurance.

\$ 16.33 /mo

\$ 98.00 Semi annually

Questions?

Your Agent can help

Your Agent is ready to double check your quote and give you expert advice.

[Forward To Agent](#)

Your Quote Info

Date Quoted
October 11, 2013

Policy Information

[Edit Policy Info](#)

Type of coverage	Hospital Income
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Optional Benefits

Optional Benefits	Christian Science Rider
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*Optional Benefits are available. If you would like to find out more information regarding Optional Riders, please contact your local [State Farm Agent](#)

Your Information

[Edit Your Info](#)

Gender	Male
Date of birth	1/11/1972
State	DC

Coverage Information

Daily amount to be paid (Daily Benefit)	\$250
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[Forward To Agent](#)

This example of available coverages, limits and costs is not a contract, binder, or recommendation of coverage. If the information used to generate this example changes, or different rates are effective at the time of policy issuance, this rate quote may be revised. All coverages are subject to the terms and conditions contained in the policy and riders. To obtain coverage you must submit an application to State Farm. All applications for coverage are subject to underwriting approval and subject to applicable state and federal law. All policies may not be available in all states. Please contact a State Farm Agent for further details.

NAIC# 25178
IH-HIDCRQ

State:	District of Columbia	Filing Company:	State Farm Mutual Automobile Insurance Company
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Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	DC HI Rate Quote Cover Letter 10-15-13...pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
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Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

October 15, 2013

District of Columbia Department of Insurance
810 First Street, NE, Suite 701
Washington, DC 20002

Re: State Farm Mutual Automobile Insurance Company
NAIC #176-25178
FEIN #37-0533100
Hospital Income Rate Quote
Co Tracking #: IH-HIDCGI.1 et al

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Sincerely,



Tammie Mills
Analyst-Life/Health Contracts and Compliance
State Farm Mutual Automobile Insurance Company
1-309-994-0300
tammie.mills.csag@statefarm.com